

Burrell Behavioral Health
Columbia IMPART Team
Columbia TAY-BH/DD
Team
Sedalia TAY Team
Springfield Adult Team
Springfield TAY Team
Springfield IMPART Team

BJC
St. Louis TAY Team

Compass Health
Nevada Adult Team
Raymore TAY Team
St. Charles TAY Team
Jefferson City TAY Team
Clinton W&C Team
Union W&C Team

Family Guidance
Center
St. Joseph Adult Team

Ozark Center
Joplin Recovery Up Adult
Team
Joplin TAY Team

Places for People
St. Louis Adult teams:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

Preferred Family
Healthcare
Hannibal TAY-ITCD Team

St. Patrick Center
St. Louis Adult Team

Hopewell
St. Louis TAY Team

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Assertive Community Treatment

MO ACT NEWSLETTER

SPRING 2021

Hello from DMH by Lori Norval

Greetings readers and team members! As we begin the spring season, all things seem new, which is a needed change from the seemingly “dark” times we experienced last year. With this came new opportunities to use what we have learned as we navigated through the pandemic and continue to feel it’s effects. We learned a lot about crisis, change, adapting and working around obstacles. At the same time, we got better at many things such as creative thinking as applied to interventions, navigating limitations and maintaining a sense of caring and warmth with our clients in the troubled times to name a few.

It was evident to myself and the fidelity team during the past year that clients appreciated their teams like never before. We heard clients attesting to their sincere appreciation for how their team members maintained contact and support for them even in the face of limited face to face visits only. Though teams were faced with using a new way to track visits, plan visits, conduct team meetings and work to prevent crisis, the clients experienced outreach and

support from the teams.

This is something to be proud of for your program. It proves that in the face of adversity, your customers (the individuals served) come first. As we launch into a new season of “post pandemic”, use what you learned over the past year to continue to refine your skills; the skills of using your evidence based practices, your personal style of treatment and personal rapport with individuals. This effort is at the heart of your job and the clients’ satisfaction. If you are comfortable and contented, it is much more likely that your persons served will sense that and follow suit.

I encourage you to think about what new things you learned this past year and how you will use those experiences to build on and develop refined skills in treatment provision. A blacksmith heats the hard metal into molten liquid to refine it; cleaning the impurities from it to create a more clean, pure metal. As we have felt the fire of COVID refining us, we can come out of it as better caregivers!



To find past issues of the ACT Newsletter, go to the DMH—ACT page at:

<https://dmh.mo.gov/mental-illness/provider/act>

Scroll down to “newsletters” and find your archived online copy!

NAMI Support Group listings can be found at:

<https://namissouri.org/support-groups/>

To request training from our YouTube library,

[CLICK HERE](#)

NEW FACES IN ACT!

BJC TAY Team:

Angel Coleman – COD

Burrell Spfld. Adult Team:

Amber Bean – PA

Burrell Spfld. TAY Team:

Diana Romero – PA

Burrell Columbia IMPART Team:

Shannon Jones – Peer

Haley Whalen – PA

Kelly Bethel – SEE

Burrell Columbia BHDD/TAY Team:

Blair Campmier – COD Specialist

Burrell TAY Sedalia Team:

Jessica Wheeler – RN

Dr. Deepti Bahl – Prescriber

Ryan Tyler – Peer Specialist

Compass Health Metro Team:

Charlotte Jones – Therapist

Compass Health Clinton W&C Team:

Melissa Crispi – RN

Alexis Eshleman – Peer Specialist

Compass Health Union W&C Team:

Lexi Charboneau-Nappier – PA

Lindsey Allen – Peer Specialist

Hopewell TAY Team:

Kelly Bryant – SEE

Ozark Center Recovery Up Team:

Michelle Holman – PA

Stephen Jenkins – Peer

Jonathan Bobb – SEE

Breaon Cuffee – CSS

Ozark Center TAY Team:

Sara Davis – Prescriber

Carla Gilstrap – CSS

Preferred TAY Team:

Eric Miller – Prescriber

ACT Tips & Tools of the Trade

Collaboration with Families and Assistance to Clients with Children

Historically, people with severe and persistent mental illnesses have received most of their support and care in the community from family members, particularly parents and siblings. These family responsibilities have, in fact, grown in recent years with the decreased use of hospitalizations and increased emphasis on outpatient treatment for this population. Families provide significant amounts of care and support to their relatives with severe and persistent mental illnesses and usually feel burdened by these responsibilities.

Many clients have children, and these clients’ ability to parent is often compromised by their mental illness. Women clients, as their opportunities for community living and relationships expand, become pregnant and have children with perhaps as many as one-third giving birth by age 30. In

addition to being typically single and having limited resources and supports, these women may not attach well to their children, have difficulties learning and maintaining parenting skills, and are easily overwhelmed with day-to-day childcare responsibilities.

The ACT team uses a variety of supportive and educational methods to help parents and siblings cope successfully with and be involved as collaborators in the treatment process and to help clients care for their own children. The ACT team also delivers a range of services to clients to help them fulfill their parenting role and responsibilities.

To read more about collaboration with families, see page 107 in the NAMI Start-Up Manual.

(Partly adapted from “A Manual for ACT Start Up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illness)



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged Youth

Find out more about the TMACT here: <http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>
At the Institute for Best Practices

TEAM MEMBER SPOTLIGHT



Name: Alexis Eshleman

Team/Location: STEPS in Clinton

Position/Role: Certified Peer Specialist

Favorite thing about working on ACT team: Providing hope to people who need it most!

Favorite Food or activity: I'm a food lover lol, but if I had to pick I'd say BBQ!! My favorite activity is crafting and spending time with my children.

Something to share with other ACT teams: Challenges are what make life interesting; overcoming them is what makes life meaningful!!

TMACT Corner



Gradual Admissions to the ACT Team: (Scale Item OS8)

An ACT team is designed to provide consistent, individualized and comprehensive services to clients. Therefore a low intake rate is necessary to ensure this strategy is preserved. Taking on too many new clients at once can be disruptive to the services that current clients receive and contribute to staff stress and burnout.

Individualized services includes the pre-treatment planning process, the final treatment plan development, the assessment and basic rapport building with new clients as well as determining their immediate needs. This process cannot be rushed and it is critical to ensure a new client feels they can trust and partner with the team in order to get their needs met, stabilization and a pattern of treatment established. To rate highest in fidelity, a seasoned team should admit no more than 4 new clients per month.

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

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RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

ACT & IMR study

<https://>

[pub-](https://pub-med.ncbi.nlm.nih.gov/31478709/)

[med.ncbi.nlm.nih.gov/31478709/](https://pub-med.ncbi.nlm.nih.gov/31478709/)

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Recovery Network

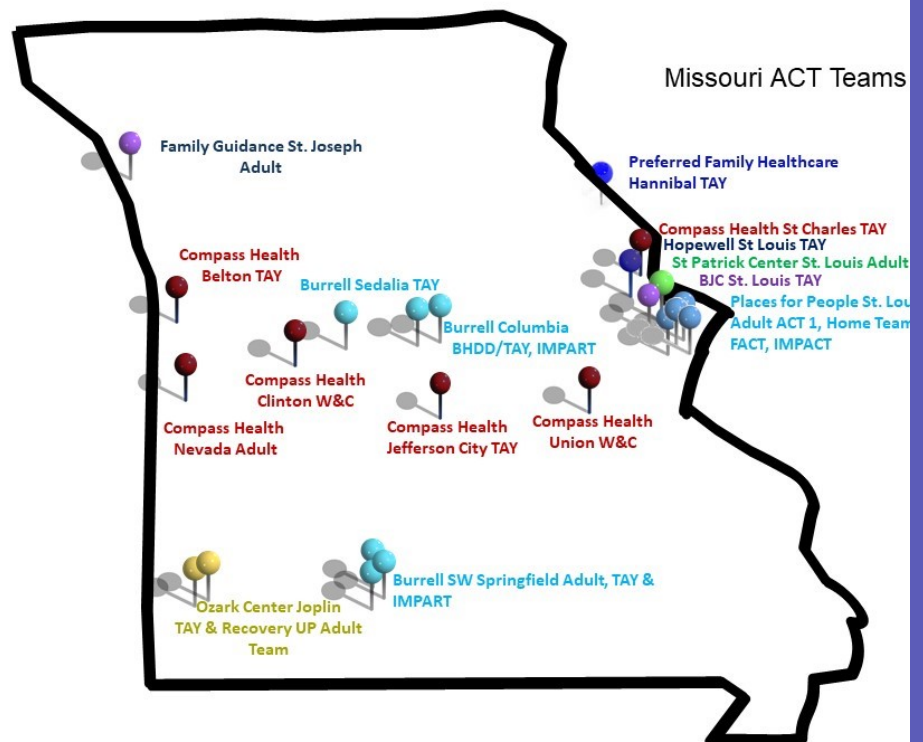
www.morecovery.org

Institute for Best Practices (TMACT website)

<https://>

www.institutebestpractices.org/

tmaact-fidelity.com/more-about-the-tmaact/



Missouri

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To access the free and downloadable Supported Housing Toolkit on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

CLICK HERE

Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Motivational Interviewing Training by Scott Kerby and David Lynde in 2021!!

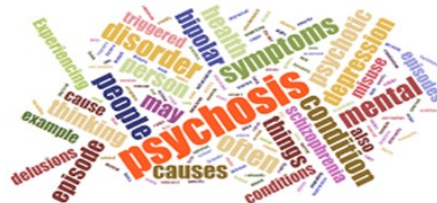
We are excited to be hosting both Scott Kerby and David Lynde this year to present virtual MI trainings in separate training sessions. Both will be geared to ACT team staff who need education and practice in MI skills, particularly the new Co-Occurring Specialists and Team Leaders. Scott's training will include:

- * 2 all day back to back initial training MI orientation sessions, May 24-25
- * 5 one hour follow up consultation/trainings in June, July, August and September (dates TBA)

Scott's trainings will be recorded for later reviewing, hosted by the MO Coalition. Specific dates/times/CEU information will be forthcoming. Virtual seating in this training will be limited.

Plans for David's training is in the works for late May through the end of August and may include a similar format for a larger audience.

This is a rare opportunity for teams to get expert training on Motivational Interviewing. Plan now for who might attend from your team and watch for further details!



First Episode Psychosis (FEP)

By JJ Gossrau

A person between the ages of 16-25 is generally thought of as being a young adult and young adulthood can be an especially stressful time in life. The brain is still developing, decision making is complicated, education and career choices are paramount, and this is all compounded by familial and societal expectations that are often difficult to manage. Young adulthood is even more challenging when complicated by a mental illness. As it turns out, 75% of all mental health problems are established by the time a person is 24 years old (1) and young adulthood is the highest risk period in a person's life for experiencing First Episode of Psychosis (FEP) (2).

FEP is defined as the first time a person experiences psychosis. Sometimes the initial onset of FEP is determined by the date reported by the individual when asked when they first experienced psychosis, the date the individual first presented at any agency seeking help for treatment of psychosis, or the date of the first time the individual was prescribed an anti-psychotic medication.

Effective outreach, engagement, and clinical support can mean all the difference for young adults experiencing the stressors of life, particularly when these young adults are also experiencing mental health challenges. *(continued on page 6)*

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Online Manuals:

<http://navigateconsultants.org/manuals/>



Supporting Excellence in Behavioral Health

60 YEARS

<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>

Early Intervention for FEP

Early identification is especially critical when working with a person experiencing FEP because early intervention can mean a huge difference in someone's quality of life. Research shows the shorter the Duration of Untreated Psychosis (DUP) the better the short term clinical and functional outcomes are for that person (3). Below are strategies to support positive outcomes through early identification and intervention of psychosis.

Identification of early symptoms of psychosis can include:

- Increased difficulty at school or work
- Withdrawal from friends or family
- Difficulty concentrating or thinking clearly
- Suspiciousness or mistrust of others
- Changes in the way things look or sound
- Odd thinking or behavior
- Emotional outbursts or lack of emotion

A few goals of early intervention:

- Identify symptoms as early as possible to minimize negative impact of psychosis
- Engage person and family in a positive and strengths-focused way
- Support the person to continue on their developmental path
- Connect caregivers with necessary services

Four in 10 caregivers feel that they are unable to cope with the constant anxiety of caring.
<http://www.eufami.org/c4c/>

Prevalence of FEP

Psychosis is diagnosed worldwide. The annual incidence of Schizophrenia is 15 out of 100,000 people are diagnosed. Even though this is a relatively small percentage of people, the costs associated with psychosis related diagnoses are large. For example, Schizophrenia accounts for 25% of all hospital bed days, 40% of all long-term care days, and 20% of all Social Security benefit days. Schizophrenia costs the nation up to 156 Billion Dollars per year (4). Shortened DUP means positive outcomes for individuals and also means reduce costs in healthcare.

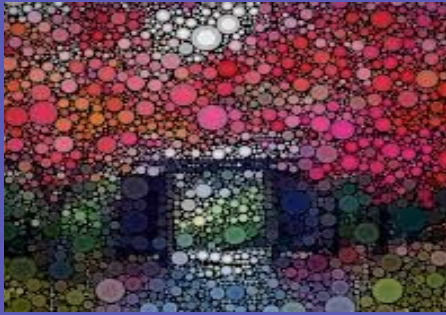
Additional Resources:

Link below for more information on early identification and intervention of psychosis. <https://www.nimh.nih.gov/health/publications/understanding-psychosis/index.shtml>

Link below for information on gender differences in individuals at high risk for psychosis <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4312997/>

References:

1. Mental Health Taskforce, BBC, 2016
2. Amminger et al 2006
3. <https://pubmed.ncbi.nlm.nih.gov/16005612/>
4. On Track New York (OTNY) presentation Aug 2019



Arts & Literature

Expression

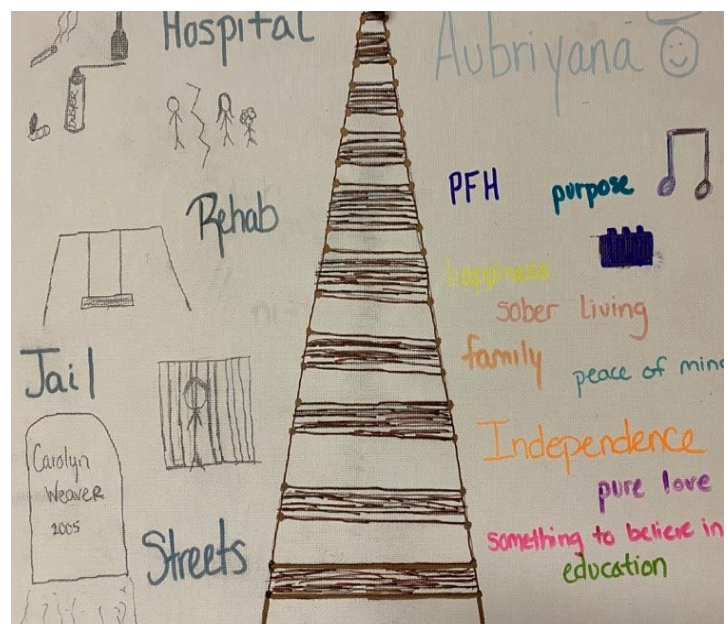


Sobriety is the Color
RED
 Looks like the sun on a
 "Hot Day" ☀️
 Sounds like waves hitting
 Rocks. 🌊
 Smells like Freshly bloomed
RED 🌹 Roses
 Taste Like a sour patch
 Kid. Sour but Sweet. 🍬

Submissions
 by:
 Hannibal ACT-
 TAY Team

Thank you!!

Creativity





Arts & Literature

Expression



Creativity



Submission by:
Jeralyn Merideth, Ozark Center

SUBMIT ART, POETRY, PHOTOS, TESTIMONIALS, SHORT STORIES, PHOTOS OF PAINTINGS, SCULPTURE, ETC. TO LORI.NORVAL@DMH.MO.GOV, WITH YOUR PERSONS SERVED PERMISSION AND WHETHER THEY WISH TO HAVE THEIR NAME AND LOCATION LISTED ALONG WITH THEIR ART.